Facility Name:		
Facility Address:		
Facility Contact Email:		
Facility License Number:		
Facility Training Representitive, Name:		
Facility Training Representitive, EMail:		
Facility Training Representitive, Phone Number:		
Facility Training Website Address:		
FACILITY INSTRUCTOR INFORMATION		
Instructor's Teaching Application	(Please Attach)	
Letters of Recommendation (3)	(Please Attach)	
Instructor's Resume	(Please Attach)	

Third Party Course Information (If Applicable)

Government Agency:	
University or College (Accredited):	
Training Company or Organization:	
Name of Course or Program:	
Type of Proof of Completion (Certificate, etc.):	
Web Address of Course or Program (If on-line):	
Training System Access:	
Course or Program Syllabus	(Please Attach)

		For Bureau Use Only		Course Elements Checklist					
Requ	iired Course Elements:	Meets or Exceeds Standards	Meets Standards	Fails to Meet Standards	Evidence based, Peer Reviewed Sources	Source Material from Accredited Universities/C olleges	Source Material from Nationally Recognized Organizations	Source Material published or used by federal, state or local government agencies	Other appropriate source material
							ſ	T	
A	Cultural Compentency Overview								
В	Implicit Bias								
с	Indirect Discrimination								
D	Social Determinents of Health								
E	Assumptions and Myths								
	1 Examples of Assumptions and Myths								
F	Best Practices								
	1 From various gender, racial and ethnic backgrounds;								
	2 From various religious backgrounds;								
	3 Lesbian, gay, bisexual, transgender and questioning persons;								
	4 Children and senior citizens;								
	 5 Persons with a mental or physical disability; and Part of any other population that such an agent or employee may 6 need to better understand, as determined by the Board. 								
G	Gender, race and ethnicity								
н	Religion								
Т	Sexual Orientation and Gender Identities or Expression								
J	Mental and physical disabilities								
к									
L	L Discriminatory Language and Behaviors								
м	Welcoming and Safe Environments								

Third Party Course Information

Organization:		
Name		
Address		
Email		
Representative:		
Name		
Address		
Email		
Phone		

Certification of Required Course Elements: HCQC Course Number

Sample Sign-In Sheet	(Please Attach)			
Dates of Course or Program				
Participants' Name and Signature				
Sample Evaluation Form	(Please Attach)			
Content of Course				
Instructor of Course				
Manner Course is Presented				
Sample Student Self-Evaluation	(Please Attach)			